**Appointment of an Independent Chair for an Oral Examination**

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| **Name of proposed Independent Chair** |  |

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| ***Please provide details below of the student to be examined:*** |
| **Name** |  |
| **Student ID Number** |  |
| **Director of Studies** |  |
| **Other Members of the Supervisory Team** |  |
| ***Please provide details below of the proposed Independent Chair:***  |  |  |
|  | Yes | No |
| Is the proposed Chair an approved Research Supervisor? |  |  |
| Has the proposed Chair experience of serving as an internal examiner? |  |  |
| Is the proposed Chair willing to undertake training in the role of an independent chair and the regulations and code of practice?  |  |  |

**Approval of the recommendations**

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| As Head of School I endorse this recommendation and I am satisfied that the proposed Independent Chair fulfils the criteria for approval: |
| Name | Signature | Date |
|  |  |   |

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| As Chair of Research Degree Sub Committee I formally approve this appointment:*[In cases where the Chair of Research Degree Sub Committee is Head of School or a member of the Supervisory Team, or the proposed Independent Chair, the Chair of Research Committee shall complete this section instead of the Chair.]* |
| Name | Signature | Date |
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